Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0	1938~
	State: _		Texas	
<u>Citation</u> 1902(a)(52 and 1925 o		Families	Receiving Extended Medicaid Bene	efits
the Act	(a)	6-month Section duration categori ATTACHME through	provided to families during the period of extended Medicaid benefinger of the Act are equal in amount, and scope to services provided cally needy AFDC recipients as decentry of the caretaker relative employer's here plan).	its under int, to escribed in covided
	(b)	6-month	provided to families during the period of extended Medicaid benef 1925 of the Act are	second its under
		se re ma	ual in amount, duration, and scopervices provided to categorically cipients as described in ATTACHME by be greater if provided through clative employer's health insurance	needy AFDC <u>NT 3.1-A</u> (or a caretaker
		se re th in	qual in amount, duration, and scopervices provided to categorically ecipients, (or may be greater if purough a caretaker relative employ surance plan) minus any one or mobiliowing acute services:	needy AFDC provided ver's health
			Nursing facility services (other services in an institution for m diseases) for individuals 21 year older.	nental
			Medical or remedial care provide licensed practitioners.	ed by
			Home health services.	
TN No. 9 Supersedes TN No. 90	1-34 Approval 3-25 pg 31c	Date JAN	114 1392 Effective Date OCT	ŭ 1 1991
23, 3,0,1	77	-	HCFA ID: 7982E	

	STATE TEXAS	
	DATE REC'D DEC 1 1 1991	
-	DATE APPYO JAN 1 4 1992	Α
	DATE EFF 007 01 1991	
į	HCFA 179 _ 91-34	

			310			
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:	Te	xas .			
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)			
		_7	Private duty nursing services.			
			Physical therapy and related services.			
			Other diagnostic, screening, preventive, and rehabilitation services.			
		<i>_</i> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.			
			Intermediate care facility services for the mentally retarded.			
			Inpatient psychiatric services for individuals under age 21.			
			Hospice services.			
		<u></u>	Respiratory care services.			
		<u></u>	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.			
TN No. Supersedes	7/-34 Approval 3-25, pg 3/c	Date	AN 1 4 1992 Effective Date OCT 01 1991			
90	Supersedes Approval Date JAN 14 1992 Effective Date OCT 1 1991 TN No. 90-25, pg 3/c 90-25, pg 3/d, top portion HCFA ID: 7982E					

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938~
_	State:	Te	xas .
Citation		ilies Rece ntinued)	iving Extended Medicaid Benefits
	(c) <u>/</u> /	fees, d for hea	ency pays the family's premiums, enrollment eductibles, coinsurance, and similar costs lth plans offered by the caretaker's er as payments for medical assistance
		<u></u>	st 6 months / 2nd 6 months
	_7		ency requires caretakers to enroll in ers' health plans as a condition of lity.
			st 6 mos. $\boxed{/}$ 2nd 6 mos.
	(d) <u>/</u> /	fami exte	Medicaid agency provides assistance to lies during the second 6-month period of ended Medicaid benefits through the owing alternative methods:
			nrollment in the family option of an employer's health plan.
			carollment in the family option of a State employee health plan.
			inrollment in the State health plan for the ininsured.
			controllment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients except recipients of extended Medicaid).
TN No. Supersedes	1)-34 Approval	Date JAN 1	4 1992 Effective Date 0CT 01 1991
TN No. 90	1.25 pg 31d,	tems (c)	4 (d) HCFA ID: 7982E

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Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)		ОМВ	No.: 09	38-
	State:		Texas			
Citation	3.5	Families (Continue	Receiving Exte	nded Medicaid	<u>Benefits</u>	
		descri offere	ment 2 to ATTA bes the altern d, including r ents have acce y.	ative health c equirements fo	are plan r assuri	(s) ng that
	(2)	The ag	ency			
		(i)	Pays all premi on the family	ums and enroll for such plan(ment fees	imposed
	<u></u>		Pays all deduc the family for			imposed or
TIN No. //	1 2,1					
Supersedes			AN 1 4 1992	Effective Da	te <u>OCT û</u>	1 1991
	0-25, pg =	2/6		HCFA ID.	70025	

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